



**Oakwood Public Safety Department
Resident Parking Permit Application**

(Please complete a separate application for each vehicle / permit requested)

RESIDENT INFORMATION

APPLICATION DATE: _____

NAME: _____
(Last, First, M.I. – *Must be registered owner of vehicle*)

ADDRESS: _____

TELEPHONE: _____

VEHICLE INFORMATION

LICENSE PLATE: _____ State: _____

YEAR: _____ Make: _____ Model: _____

VEHICLE COLOR: _____

I certify that the information contained in this application is true and correct, and that I have received a copy of the Safety Department's *Parking Permit Policy*.

I understand that issued parking permits are only valid in the block of my residence.

Signature

For Safety Department Use Only

ID / Residency Proof: OH DL/ID # _____ Other: _____

Attach vehicle registration printout. Paid by: Cash Check

Permit number Issued: _____ By: _____ Date: _____